Free treatment for the disabled persons

3743. SHRI MATILAL SARKAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of the infant mortality rate, the life expectancy, the percentage of the physically challenged persons and the percentage of the mentally challenged persons in 1991 census and in 2001 and in the year 2005-06;

(b) whether Government are contemplating all free medical treatment and care upto the age of 6 years and whether necessary funds will be placed under the disposal of the State Governments; and

(c) the steps to be taken to improve the status of the health indicators to the maximum extent?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Statements showing Infant Mortality Rate (Statement-I), the life expectancy (Statement II) and the percentage of me physically challenged persons and mentally challenged persons (Statement III) as compiled by the Office of the Registrar General, India (RGI) are attached. The data on disability was collected only during the Census of India 2001 conducted by the Registrar General, India (RGI) (See below).

(b) Services are provided free of cost to all beneficiaries through out the Public Health Care System.

(c) The Government have launched National Rural Health Mission (2005-12) for the whole country, with special focus on 18 States, which have either weak socio-demographic indicators or inadequate primary health infrastructure, or both. These include the 8 EAG States (U.P.M.P. Bihar, Rajasthan, Orissa, Jharkhand, Uttranchal, Chhattisgarh), 8 North East States (Assam, Arunachal Pradesh, Manipur, Nagaland, Meghalaya, Mizoram, Sikkim, Tripura), Himachal Pradesh and Jammu and Kashmir. The Mission aims at providing integrated comprehensive primary healthcare services, especially to the poor and underserved sections of society. The strategy of the Mission has been drawn up in consultation with the State Governments. It aims at strengthening public health infrastructure and improving it's accountability and quality of service through increased role

of Panchayati Raj Institutions and the community; decentralization to district levels; inter and intra sectoral convergence at village level through a cadre of female Acredited Social Health Activities (ASHA); upgrading Community Health Centres (CHC) to Indian Public Health Standards; and promotion of multiple Health Insurance models. The Mission also seeks to integrate various disease Control & Family Welfare Programme.

Statement-I

Infant Mortality Rate, India and bigger States, 2003 & 2004

India and bigger states	2003	2004
India	60*	58
Andhra Pradesh	59	59
Assam	67	66
Bihar	60	61
Gujarat	57	53
Haryana	59	61
Karnataka	52	49
Kerala	11	12
Madhya Pradesh	82	79
Maharashtra	42	36
Orissa	83	77
Punjab	49	45
Rajasthan	75	67
Tamil Nadu	43	41
Uttar Pradesh	76	72
West Bengal	46	40

* Exclude Nagaland (Rural) Source:

SRS, Registrar General, India

Statement-ll

Expectation of life at birth, India and bigger States 1998-02 & 1999-03

india and bigger states	1998-02	1999-03
India*	62.5	62.7
Andhra Pradesh	63.5	63.7
Assam	57.9	58.0
Bihar	60.8	61.0
Gujarat	63.4	63.5
Haryana	65.2	65.4
Karnataka	64.5	64.6
Kerala	73.5	73.6
Madhya Pradesh	56.9	57.1
Maharashtra	66.2	66.4
Orissa	58.5	58.7
Punjab	68.5	68.6
Rajasthan	**61.1**	61.3
Tamil Nadu	65.2	65.4
Uttar Pradesh	59.1	59.3
West Bengal	63.9	64.1

* Exclude Nagaland (Rural)
Source: Registrar General, India

Statement-Ill

*Data on Disability Census of India 2001 India**

		Persons	Males	Females
A	Total population	1,028,610,328	532,156,772	496,453,556
B	Total disabled population	21,906,769	12,605,635	9,301,134
C	Disabled population (per lakh)	2,130	2,369	1,874

	Persons	Males	Females
D Type of disability:			
(a) In seeing	10,634,881 (48.5%)	5,732,338 (45.5%)	4,902,543 (52.7%)
(b) In speech	1,640,868 (7.5%)	942,095 (7.5%)	698,773 (7.5%)
(c) In hearing	1,26,772 (5.8%)	673,797 (5.3%)	587,925 (6.3%)
(d) In movement	6,105,477 (27.9%)	3,902,752 (31.0%)	2,202,725 (23.7%)
(e) Mental	2,263,821 (10.3%)	1,354,653 (10.7%)	909,168 (9.8%)

Note: * -Excludes Mao-Maram, Paomala and Purul sub-divisions of Senapati district of Manipur.

Punctuality of Doctors in CGHS Dispensaries

3744. SHRI BASHISTHA NARAIN SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the doctors and other staff are not punctual in the allopathic dispensaries of the Central Government Health Scheme in the Central Zone of Delhi;

(b) if so, the details thereof and by when this would be corrected;

(c) whether "Bhagidari" meetings are regularly held with the representatives of the Residents Welfare Associations in these dispensaries;

(d) whether both the Chairmen and Secretaries of these associations are invited to these meetings; and

(e) if not, by when it is proposed to be done?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The Doctors and staff are by and large punctual in reaching their dispensaries, barring exceptional circumstances.

(b) In view of reply given to (a) above, question does not arise.

(c) to (e) There is no such scheme under CGHS. However, Grievance/ Advisory Committees have been constituted in each dispensary under